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CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

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Heart Advisory Committee Goals and Problems*

1947 - 1948

S. J. McCLENDON, M.D., Chairman, State Heart Advisory Committee
California Tuberculosis and Health Association, and Member,
State Board of Public Health

This is the first meeting of all of us engaged in the promotion of heart control programs under the auspices of tuberculosis associations throughout the State. It is a remarkable achievement that, since 1943 when the California Tuberculosis and Health Association joined forces with the California Heart Association in creating the Heart Division of the California Tuberculosis and Health Association, that we have, in so short a time, 18 heart committees responsible to local tuberculosis association boards and 11 diagnostic centers for the detection of rheumatic fever. This achievement has been made possible by the utilization of medical leadership in each local community in cooperation with local health departments, such cooperation organized by local tuberculosis associations.

Each one of you in this room is a pioneer. This is true of each of us as an individual and as a member of an organization. During the time we have been working, no pattern has existed in the United States to give us exact guidance in promoting heart disease control. We have had the skills of the tuberculosis associations in community organization to guide us, and we have had the leadership of physicians interested in heart disease —leadership ably stimulated by the California Heart Association through its postgraduate educational program.

Many of you saw the editorial in the July 26th issue of the *Journal of the American Medical Association* which also appeared in the September *Newsletter* of the California Tuberculosis and Health Association. This editorial praised the pattern of organizational procedures which we are following in this State and suggested that others might follow our example. We have, therefore, a dual responsibility for carefully measuring our work for the sake of our own communities, and for California as a whole, and because we are more than likely to be asked to assist other areas in organizing heart programs.

There is very little excuse for our making mistakes in heart disease control when we can learn from past experience in tuberculosis control where the pitfalls lie. Our present growth is evidence of the fact that we can learn from the experience of others. I hope that the discussion this morning will give us all an opportunity to see our goals more clearly, and take accurate measure of our techniques.

Need for Total Program

At the present time, to the best of my knowledge, no California community has as yet undertaken a total heart program. Some of us have been in existence longer and have been able to move further than others. For the most part, we have been concerned with rheumatic fever and rightly so. The selection of rheumatic fever as our first campaign to control heart disease was a logical

* Presented at the first meeting of Heart Advisory Committee Chairmen of the Tuberculosis Associations of California, October 29, 1947, San Francisco. Meeting held in conjunction with the Eighteenth Annual Symposium on Heart Disease, California Heart Association.

one. It rose out of our increased knowledge of this type of heart disease resulting from the demonstrations in Solano and Contra Costa Counties made by the California State Department of Public Health, and the increased knowledge of the disease which World War II brought to us. Our intensive search for medical knowledge in the diagnosis and treatment of rheumatic fever and our concern with developing community facilities for such diagnosis and treatment are to be commended. And this work is just begun. But in order to see the rheumatic fever control program clearly, we must relate it in our planning to the whole problem of heart disease control. In planning for the future, we must concern ourselves with the diagnosis and treatment of heart disease in adults, and this includes the wise use of our findings in the miniature X-ray surveys, concern with the retraining of individuals thus discovered to be unsuitably employed, and the many ramifications of a total program which means awareness of how heart disease affects all of us in a community.

These are some of the pitfalls which we may avoid by measuring our work at this time. In our role as heart committees advising on community planning for the control of this major disease, do we have a well-mapped campaign? It is sound organization to know where we are going and why and what our lacks may be. No phase of our program should be unrelated. Recent studies have placed us in a position to know techniques that have been proven to be sound in school health administration. In our own communities we will be guilty of less than good leadership if we do not plan to put into effect the knowledge gained from these studies. I refer in part, of course, to the Astoria studies reported upon in the July, 1947, issue of the *American Journal of Public Health.*

The School Health Program

I know that there are many of us in California who have used the book *Solving School Health Problems* by Dorothy Nyswander, as a handbook in studying school health procedures. We are fortunate now to have Dr. Nyswander not only in California, but on the teaching staff of our own School of Public Health at the University of California at Berkeley. The evaluation of the effectiveness of the Astoria plan for medical service which has been made by Dr. Alfred Yankauer, Jr., and appears in the July, 1947, issue of the *American Journal of Public Health* is extremely valuable to us. We not only have Dr. Nyswander's detailed analysis of the Astoria school health problems with a chapter devoted to the cardiac child, but we now have Dr. Yankauer's review of six-years experience in two of the Astoria schools which indicates that we can establish effective means of protecting school children's health and correcting early detected defects.

One of the most valuable effects of this work is that it confirms what many of us have believed for years, that the problem of child health lies not only in providing good physical examinations for school children, but in making careful use of the teaching values in the parent-physician relationship. The need to protect the rheumatic child from the damages of infection challenges us to review school health procedures in our own communities and to take leadership in planning with school authorities for the protection of this group of children. To quote Homer Swift on this point:

> "Because such a large proportion of patients have their first attacks of rheumatic fever during childhood when the pattern of the disease often seems to be determined, it is possible that the most effective place to attack the problem is in the school health programs, by the combined efforts of board of health and school physicians with the assistance of pediatricians and cardiologists."

I would like to ask every heart committee of every tuberculosis association in the State which has not done so, to review its school health program during the coming year. I know that you recognize the importance of this problem as I do.

Medical and Hospital Services

The work of Dr. Leo M. Taran at Long Island, and his review of convalescent care given children provides another clue to the importance of planning for bed care for children with rheumatic fever.

There is much evidence from the experiences, both in England and in parts of the United States where the rheumatic child has been given both study and care, that adequate hospital and sanatorium facilities play a major role in the protection of the child from permanent heart damage. It is obvious then that the responsibility of heart committees is to promote hospital and sanatorium care for this group of children and to insist that the quality of such care be of high standard. There are only a few places in California which have anywhere near the number of beds necessary to provide known cases of rheumatic fever with such care. The story of "waiting lists" of rheumatic children of institutions already in existence is an old one to all of us. The provision of diagnostic services without access to treatment services is only a gesture toward giving our children care. We must face the fact frankly that the care is expensive and requires great vigilance to maintain adequately. I know the struggles which some of the heart committees have gone through in an effort to secure convalescent care. Probably no where else in our program, as in this area, do we face such complexities

in our health service problem. Community responsibility for providing hospital and sanatorium care to rheumatic children cannot be avoided any more than it can be avoided in the care of the tuberculous patient. The cost to the community is inevitable. Our choice lies in protecting children from permanent heart damage or permitting the rheumatic cripple to grow up uncared for only to become an invalid or to die in his most economically important age period.

Society pays for the death of a wage-earner and for the death of a father or a mother of a young family. It is unnecessary for me to say that this is a more disastrous cost than to provide early diagnosis and treatment to victims of this disease.

Then there is the question of demonstration—we have all observed, some of us with bitterness, the difficulty of bringing to an end a "demonstration". Surely in a program such as ours, there will be no need for us to learn all the hard lessons of the demonstrations which have never ceased demonstrating although the community has gone far beyond the first eager plans of the original demonstrators. In these days when measures of our community organization techniques are possible, no heart advisory committee need be guilty of such faulty maneuvering.

You remember the report which Dr. Francis L. Chamberlain gave on a review of the San Franciscans with rheumatic hearts who had been rejected by the selective service boards. In that brief study it was learned that three-fourths of these men rejected by selective service, but employed in civilian life, were doing jobs that were overworking their hearts, many to the breaking point. *But these young men did not know the risk to both health and life.* This, I suggest, indicates a responsibility of heart advisory committees in relation to the use of miniature X-ray film services, in relation to the development of diagnostic centers for adults, and in relation to a close-working partnership with the Bureau of Vocational Rehabilitation of the California State Department of Education.

Another important area of responsibility is providing the standards for hospital and convalescent care for rheumatic children. The report of the Governor's Advisory Council on Hospital Facilities give at least a partial measure for our efforts for the provision of such service to California's children in each of our communities. I urge you to read these reports and use them for committee and board planning.

Postgraduate Education

Continuing postgraduate education in the diagnosis and treatment of heart disease is one of our major goals. This goes without saying. The excellent meetings just held in Los Angeles, and now opening here in San Francisco with Dr. Paul White and Dr. Tinsley Harrison making their stimulating contributions to our knowledge of heart disease, are proofs of our service in this field. Many more opportunities for postgraduate work are being offered now that the war is over. Local communities can be assured of the opportunities to plan programs on heart disease under the auspices of local medical associations and other professional groups. Santa Barbara is to be congratulated on the thoughtful program arranged by the heart committee of the Santa Barbara Tuberculosis and Health Association and the county medical society in postgraduate education in rheumatic fever.

Public Health Services

Finally, I would like to explore with you our responsibility for upholding high standards of care for heart patients as these relate to our public agencies. Certainly without good local health departments, no program in this field can be successful. I end this address to you with a strong plea that you, as leaders and advisors in heart programs expend a major portion of your efforts in helping to develop your own local public health services.

Local Health Officer Changes

Two local health departments had new "acting" health officers in January.

Dr. I. D. Litwack replaced Dr. Harrison Eilers as Health Officer of the City of Long Beach. Dr. Eilers resigned his post to become director of health services for the Long Beach city schools.

Dr. Harold Marks is now Acting Health Officer of San Mateo County, replacing Dr. Charles C. Gans who has retired.

Examination Announcements

The following examinations of interest to professional public health personnel have been announced by the California State Personnel Board:

Classification	Last Date to File Application	Examination Date
Nutritional, Grade 2	Feb. 24, 1948	March 16, 1948
Physical Therapist (Department of Public Health)	March 2	March 23
Supervising Physical Therapist (Department of Public Health)	March 2	March 23
Chief, Virologist	March 9	March 30

Further information and application forms for any of these examinations may be obtained from local Personnel Board offices or by writing to: State Personnel Board, 1015 L Street, Sacramento.

Advisory Hospital Council Rheumatic Fever Recommendations

In Dr. Samuel McClendon's paper which is published in this issue, reference is made to the recommendations of the Governor's Advisory Council on Hospital Facilities as they relate to the care of California's rheumatic children.

These recommendations are as follows:

1. That special facilities be constructed in conjunction with large general hospitals for the long-term care of children convalescing from rheumatic disease. Support of these facilities, when provision of that portion of care is beyond the purchasing ability of the patients or their families, should be financed from tax funds and available to all residents of the State in either tax-supported or voluntary hospitals in need of financial assistance.

2. That medical staff organization in hospitals equipped to give convalescent care to these rheumatic patients should include members interested in and qualified to care for such patients.

3. That governmental as well as non-governmental agencies and groups should inaugurate studies in the field of rheumatic fever and rheumatic heart disease, from the standpoint of diagnosis, etiology and therapy, in order to develop an adequate program. Adequate funds for such a program should be provided.

4. The provisions should be made for the employment of a sufficient number of qualified personnel to care for this special group of patients. Included in this group of personnel should be adequately trained pediatric nurses, dietitians, medical social workers, teachers and occupational therapists.

Morbidity Lower in 1947

A compilation of morbidity reports for the year just ended (see table, page 316) reveals that practically all reportable illnesses were either below the 1946 total or the 1942-46 five-year median.

Measles and German measles both fell off steeply from 1946 outbreaks. Diphtheria, epidemic influenza, mumps, syphilis, gonorrhea, scarlet fever, poliomyelitis, infectious pneumonia, infectious encephalitis and tetanus all were below the total of cases reported in 1946.

On the other side of the picture, whooping cough, chicken pox, and typhoid fever increased in 1947 as compared with the previous year. Since both whooping cough and typhoid are preventable diseases, increased public health vigilance is indicated.

Change in Interpretation of Clinic Licensing Law

A review and restudy of the laws relating to clinic licensing by the State Department of Public Health have resulted in a change in the interpretation of their application to the activities of local health departments and county hospitals.

Health Department Clinics

Section 1202 of Division 2, Chapter 1 (Clinics and Dispensaries) of the California Health and Safety Code states that: "A clinic does not include governmental health officers or school employees performing the duties, respectively, of their office or employment, for the purpose of advising and informing persons of means and measures to prevent or avoid disease or injury."

The department's interpretation of this section is that well baby conferences, venereal disease control conferences and clinics, child health conferences, etc., as operated or supervised by local health officers do not require clinic permits and will not be issued such permits. Clinics of a similar type, operated or supervised by school officials in the regular course of their activities, will likewise not be issued clinic permits.

Hospital Clinics

Section 1215 of the same portion of the Health and Safety Code noted above states that:

> "The provisions of this chapter do not apply to hospitals or hospital departments wholly or partly maintained by an employer for the purpose of furnishing his employees with medical or surgical examination or treatment or to any hospital corporation organized and operated exclusively for charitable purposes, or to any teaching or educational institution exempt from income taxation under the Federal Revenue Acts."

It is the interpretation of this department that outpatient department clinics of county hospitals are exempt from the provisions of the Clinic Licensing Act.

Department of Agriculture Offices

To facilitate the administration of the new California Brucellosis Control Law (Chapter 1460, Statutes of 1947), the State Department of Agriculture will open three new district offices in Eureka, Modesto, and San Luis Obispo. These are in addition to offices already functioning in Sacramento, Fresno, San Francisco, and Los Angeles.

The law, which became effective January 2, 1948, provides for the compulsory vaccination of all female dairy calves against brucellosis.

Chronic Disease Survey Plan Approved by Board

The 1947 session of the State Legislature charged the State Department of Public Health with the responsibility "To investigate the problems involved in the reduction of deaths and disability from cancer and other chronic diseases and * * * report to the 1949 general session of the Legislature the results * * * and make recommendations as to a program for the reduction of such deaths and disability and the costs thereof." (Assembly Concurrent Resolution No. 42)

In keeping with this directive, the Chronic Disease Service of the State Department of Public Health has formulated a plan for an extensive investigation of the problem.

The plan outline was approved by the State Board of Public Health in November and a general advisory committee, representing both professional and community interest, which was appointed at that time has already held an initial meeting.

The committee will assist the department on all phases of the survey and report.

Members of the committee are: *Robert S. Ash,* Secretary, Central Labor Council, Alameda County; *G. Otis Whitecotton, M.D.,* Medical Director, Alameda County; *William P. Shepard, M.D.,* Metropolitan Life Ins. Co., San Francisco; *O. J. Lacy,* California-Western States Life Insurance Company, Sacramento; *Kenneth W. Haworth, M.D.,* Humboldt County Health Officer, Eureka; *Howard F. West, M.D.,* Medical Director, Los Angeles County; *Mrs. Russell Scott,* California Parent-Teachers Association, Salinas; *Rt. Rev. William J. Flanagan,* Catholic Social Service, San Francisco; *Charles M. Wollenberg,* Director, State Department of Social Welfare; *Edward S. Rogers, M.D.,* Dean, School of Public Health, University of California; *R. B. McClellan,* Board of Supervisors, Santa Barbara County; *Joe Hart,* Farm Bureau, Modesto; *Lawrence B. O'Meara, D.O.,* Los Angeles; *Howard Lambert,* Director, CIO Community Services, Los Angeles; *Edwin L. Bruck, M.D.,* Chairman of the Council, California Medical Association, San Francisco.

Under the proposed plan, the investigation will be carried out by members of the state department staff, with the assistance of the general advisory group and informal technical advisory groups for each of the diseases studied.

Included in the diseases to be studied are cancer, cardiovascular diseases, diabetes, rheumatism, and dental disease. The following type of information about these conditions and chronic disease in general will be sought:

1. Estimate of the problem.
2. Needs (services, facilities).
   Health promotion, prevention of disease, treatment, rehabilitation, research (clinical epidemiological, administrative).
3. Present resources.
4. Recommendation.
5. Costs.

Methods by which this information will be obtained are:

1. Study of pertinent investigations carried out in California and elsewhere.
2. Demographic studies.
3. Expert opinion.
4. Review of present services and facilities.
5. Studies of technical groups.

The final phase of the project will be the drawing together of all the information gained so that definite recommendations and estimated program costs may be placed before the Legislature in 1949.

Dr. Halverson Reappointed Director of Public Health

Wilton L. Halverson, M.D., Dr. P.H. has been appointed to his second term as Director of the State Department of Public Health and Executive Officer of the State Board of Public Health by Governor Earl Warren.

Under Dr. Halverson's direction, the State Department of Public Health has been reorganized into five divisions for efficient administration, basic public health activities have been expanded and work has been undertaken in such fields as mental health, chronic diseases, hospital surveys and inspection. Public health laws have been strengthened and state appropriations for public health work have been increased.

U. S. Census Bureau Estimates 42.2% State Population Increase

The U. S. Bureau of the Census estimates that California's civilian population increased 42.2 percent from April 1, 1940, when the official census was taken, to July 1, 1947.

Provisional estimates of population for the State as of July 1, 1947 (Bureau of the Census Release Series P-25, No. 4) are as follows:

Civilian Population:	
July 1, 1947	9,751,000
April 1, 1940 (census)	6,857,000
Percent of increase	42.2
Total Population Excluding Armed Forces Overseas:	
July 1, 1947	9,876,000
April 1, 1940 (census)	6,907,387
Percent of increase	43.0

Rights to Detain Alleged Prostitutes Upheld by Court

A health officer's right to hold alleged prostitutes without bail pending outcome of venereal disease examinations was upheld in January by the Third District Court of Appeal in Stockton.

The court held, in a split decision, that San Joaquin County authorities could detain two women picked up in a rooming house which had "the reputation of a house of prostitution," until reports on venereal disease tests were received although neither girl was being held on charges of prostitution.

The lone dissenting opinion of the three judges hearing the case was based on the fact that no evidence was introduced to show that either girl was engaged as a prostitute at the time of the arrest.

Use of Penicillin Therapy Increases V. D. Clinic Activity

Almost everyone connected with public health realizes that changes in modern therapy have played a remarkable role in the control of venereal disease. Because of penicillin, more patients are being treated, and in addition, more patients are receiving treatment when they are infectious or potentially infectious.

Some statistical indication of the increase in venereal disease clinic activity can be noted in a study recently completed by this Department's Venereal Disease Service.

When central tabulating unit clinics (clinics which report to the State Department of Public Health) are considered, it is found that their average monthly clinic patient loads over six month periods have increased by more than 4,400 when the period July to December, 1943, is compared with January-June, 1947 (Table I). Particularly significant is that the number of potentially infectious or infectious venereal disease cases treated has risen from 31 per cent of the total in the last six months of 1943 to 59 per cent of all cases in the first six months of 1947.

Because of the rapidity of penicillin therapy, a greater number of patients are completing treatment each month than when older methods of therapy were used.

With penicillin, syphilis treatment now averages 10 days and gonorrhea, one day. The total number of patients completing treatment during the first six months of 1947 was 17,672 as compared with 2,322 patients during the last six months of 1943. (Table II). Although statistics are not available it is known that a greatly higher proportion of patients completed treatment than was possible with older methods of therapy.

Obviously, these figures are only as accurate as the reporting by clinics to the State Department of Public Health.

In order that an even more complete picture of clinic activity can be composed, clinics are urged to submit cards with "Rx course completed" checked as soon as patients receive their full courses of treatment. It is not necessary to wait for post treatment observation before submitting a treatment completion card.

TABLE I

Average Monthly Case Load for Eight Six-month Periods, by Disease—California C. T. U. Clinics—July, 1943-June, 1947

Date	Total		Potentially[1] infectious syphilis		Other syphilis		Gonorrhea and other venereal disease[2]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
July-Dec., 1943	12,416	100	2,886	23	8,546	69	984	8
Jan.-June, 1944	12,151	100	2,838	23	8,177	68	1,136	9
July-Dec., 1944	11,498	100	2,799	24	7,437	65	1,262	11
Jan.-June, 1945	10,627	100	2,962	28	6,586	62	1,079	10
July-Dec., 1945	9,207	100	2,751	30	5,358	58	1,098	12
Jan.-June, 1946	11,984	100	2,981	25	6,481	54	2,522	21
July-Dec., 1946	17,331	100	3,396	20	9,193	53	4,742	27
Jan.-June, 1947	16,864	100	5,545	33	6,686	40	4,633	27

[1] Includes primary, secondary, early latent and syphilis in pregnancy.
[2] Includes chancroid, lymphogranuloma venereum and granuloma inguinale.
Source: California State Department of Public Health, Clinic Population and Activity Reports, July 1943-June 1947.

TABLE II

Number of Venereal Disease Patients Completing Treatment for Eight Six-month periods, by Disease—California C. T. U. Clinics—July, 1943-June, 1947

Date	Total		Potentially[1] infectious syphilis		Other syphilis		Gonorrhea and other venereal disease[2]	
	Number	Mo. average	Number	Mo. average	Number	Mo. average	Number	Mo. average
July-Dec., 1943	2,322	387	200	33	607	101	1,515	253
Jan.-June, 1944	3,028	504	360	60	830	138	1,838	306
July-Dec., 1944	4,167	694	413	68	844	141	2,910	485
Jan.-June, 1945	6,095	1,016	428	71	732	122	4,935	823
July-Dec., 1945	5,730	955	372	62	639	106	4,719	787
Jan.-June, 1946	9,030	1,505	376	63	2,401	400	6,253	1,042
July-Dec., 1946	15,105	2,518	731	122	5,231	872	9,143	1,524
Jan.-June, 1947	17,672	2,945	4,009	668	3,771	628	9,892	1,649

[1] Includes primary, secondary, early latent and syphilis in pregnancy.
[2] Includes chancroid, lymphogranuloma venereum, granuloma inguinale.
Source: State Department of Public Health, Monthly Clinic Population Report Summaries, July 1943-June 1947.

New Alameda County V. D. Clinic

The Alameda County Health Department opened a venereal disease clinic during January. The clinic, which will be open Monday through Friday from 5.30 p.m. to 7 p.m., is located at 576 Callen Avenue in San Leandro.

Function of Tumor Registries in Cancer Control Outlined

With increased interest in the establishment of tumor registries in California, the following excerpts from an article in the January, 1948, issue of *Cancer News** may prove helpful in providing a better understanding of this important activity.

"A registry is a facility organized to receive and record (tumor) cases in a specific category, to review diagnosis, and to obtain consultation in the pathology of difficult cases, to process all of the material so that it will always be available for study and research, and to conduct follow-up studies so that in the course of time, the life history of as many patients as possible will be available in any particular category.

"The primary purpose of any registry is to accumulate in one place as many cases in a given field as is possible, in the shortest time possible, where they will be available for definitive studies. Since the data include clinical records, X-ray treatment, progress and outcome, important practical results can be obtained from the morphologic and statistical studies of the material. In addition to these long-range projects, the material is of great value in the training of general pathologists and clinicians in the specialties.

"Tumor registries play an important role in the cancer diagnostic picture since on file in these registries is the accumulated material from thousands of cancer cases which may be studied for further pathological and statistical research. A tumor registry functions simply as a unit where all cases of a certain kind of tumor may be reported. This reporting includes a complete report of the entire case, the history of the patient, the X-ray pictures of the area involved stain slides of the tissue examined, plus a complete report of the diagnosis of the case, and the treatment followed."

The California State Department of Public Health is currently organizing a pilot-plan tumor registry in this State in which eight hospitals are participating. The National Cancer Institute recently made a grant of $20,000 to further develop the project.

Clearing House for Sanitarians

Sanitarians seeking positions, or health officers having positions to offer sanitarians, may find it helpful to write to the Office of Recruitment and Training, Division of Local Health Service, State Department of Public Health, 760 Market Street, San Francisco.

An endeavor will be made to provide information on job openings, and potential applicants for positions.

* "New Interest in Tumor Registries," *Cancer News*, American Cancer Society, January, 1948.

San Bernardino County Establishes Rabies Control Law

By unanimous vote of the board of supervisors, San Bernardino County has established an ordinance for the control of rabies which provides for annual compulsory vaccination and licensure of all dogs. Administration of the program is under the county health department, although vaccinations will be performed by local veterinarians.

The ordinance was approved on December 29, 1947, as an "urgency measure" which went into effect immediately.

The Los Angeles County Health Department, meanwhile, established a rabies quarantine in its eastern area (territory adjoining San Bernardino County) from which 18 cases of rabid dogs have been reported in the last three months. The dog quarantine applies to the cities of Pomona, Claremont, La Verne, and the unincorporated area immediately adjacent thereto.

The need for effective local rabies control programs is a continuing problem throughout the State. Recently recommended by this department was a four-point local program to meet the situation (*California's Health*, May 31, 1947) which consists of the following:

1. The licensure of all dogs within the community.
2. A pound system which implies the following:
   (a) The collection and destruction of stray dogs
   (b) The isolation of suspected rabid dogs
   (c) Quarantine of animals bitten by other rabid animals.
3. Animal vaccination of all dogs within the community with anti-rabies vaccine.
4. Recognition that the problem of rabies control must be attacked jointly by physicians and veterinarians.

Sulfadiazine Prophylaxis Checks Meningitis Outbreak

Twenty-three cases of meningococcus meningitis with six deaths were reported during December from Mexicali, which is just across the California-Mexico border near Calexico, California. Four cases of this disease with one death were reported at about the same time among Mexican nationals in Imperial County. In addition, two cases of meningococcus meningitis and six cases of pneumococcus meningitis in Mexican workers were found in Riverside County.

Protective measures were immediately put into effect and all workers in labor camps in Imperial County were given sulfadiazine prophylaxis for three days. A similar campaign was undertaken by health authorities in Mexicali.

Public Health Service Calls Attention to Two Nonacceptable Films

The U. S. Public Health Service has called the attention of the State Department of Public Health to two films prepared privately for commercial use which it does not consider acceptable.

In a statement to the department, Dr. W. T. Harrison, U. S. Public Health Service District 5 Medical Director, said:

"It has come to the attention of the district office that certain commercial theaters, especially those of the poorer class, are showing pictures under the titles of *'Male and Female'* and *'The Birth of Triplets.'* The films being shown under these titles have been copied from the U. S. Public Health Service films, *'Message to Women'* and *'Clinical Syphilis.'*

"The pictures as shown give no credit lines as to producers or actors and are interspersed with scenes from clinics and other pictures so as to give a total effect of lewdness.

"The program also includes a picture on *'The Facts of Life,'* following which a booklet on the same subject is sold in the audience for $1.00 each.

"Many statements are made in the picture, as well as by the management, indicating, but not actually saying, that the picture is approved by official health agencies.

"It is the belief of the district office that the films as shown will serve no useful purpose and quite probably will do much harm."

Orange County Schools Develop Child Guidance Handbook

The Orange County Schools' Division of Child Guidance and Special Services has produced a *Handbook* for workers in this field which is comprehensive and practical.

Included in the publication are sections on attendance, the county psychological clinic, health, testing, research, and other areas.

The health services section discusses such important phases of the school health programs as:

Functions and responsibilities of participants
Health aspects of physical education
Health education and instruction
The health council
The health coordinator
Qualifications of school health personnel

Sample copies of the *Handbook* may be obtained from the Orange County Superintendent of Schools, Santa Ana, California.

This year is the fiftieth anniversary of the founding of the first state tuberculosis sanatorium in the United States at Rutland, Massachusetts.

California Morbidity Reports

Selected Diseases—Civilian Cases

Total Cases for December and Total Cases for January Thro[illegible] December, 1947, 1946, 1945 and Five-year Median (19[illegible] 1946)

Selected diseases	Current month				Cumulative			
	December				January through Decemb[illegible]			
	1947	1946	1945	5-yr. median 1942-1946	1947	1946	1945	[illegible]
Chickenpox (varicella)	3,238	2,995	1,881	2,995	37,395	26,674	43,425	[illegible]
Coccidioidal granuloma	8	1	5	------	54	40	40	[illegible]
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)	4	5	6	------	31	51	29	[illegible]
Diphtheria	61	91	137	132	781	1,186	1,299	[illegible]
Dysentery, bacillary	18	26	25	------	193	259	287	[illegible]
Encephalitis, infectious	4	11	14	11	116	161	288	[illegible]
Epilepsy	176	112	102	------	1,678	1,517	1,526	[illegible]
Food poisoning	26	57	40	------	1,070	478	488	[illegible]
German measles (rubella)	210	130	290	------	2,468	12,084	11,276	[illegible]
Influenza, epidemic	673	51	655	175	1,468	5,328	1,390	[illegible]
Jaundice, infectious	9	5	27	------	108	183	249	[illegible]
Malaria	6	21	49	14	108	568	275	[illegible]
Measles (rubeola)	1,329	466	1,303	705	8,312	62,632	34,004	[illegible]
Meningitis, meningococcic	31	26	60	53	278	531	680	[illegible]
Mumps (parotitis)	1,544	760	1,851	1,851	17,367	18,997	37,173	[illegible]
Pneumonia, infectious	171	181	342	358	1,605	2,367	3,356	[illegible]
Poliomyelitis, acute anterior	38	79	70	70	863	2,164	886	[illegible]
Rabies, animal	50	51	35	46	304	413	581	[illegible]
Rheumatic fever	61	50	39	------	815	700	735	[illegible]
Scarlet fever	514	508	912	912	5,021	7,361	13,660	[illegible]
Septic sore throat	43	29	------	------	497	149	------	[illegible]
Smallpox (variola)	------	------	------	0	2	8	4	[illegible]
Tuberculosis:								
Pulmonary	708	555	524	618	8,805	7,561	7,591	[illegible]
Other forms	80	73	31	62	615	518	553	[illegible]
Typhoid fever	15	7	4	8	176	152	132	[illegible]
Typhus fever	9	4	9	------	35	64	64	[illegible]
Undulant fever (brucellosis)	20	24	19	24	281	291	260	[illegible]
Whooping cough (pertussis)	487	280	405	430	9,382	4,166	13,843	[illegible]
Venereal diseases:								
Chancroid	58	63	20	------	581	553	256	[illegible]
Gonococcus infection	2,637	2,193	2,141	1,792	32,397	33,364	27,668	[illegible]
Granuloma inguinale	8	4	1	------	80	42	43	[illegible]
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	19	28	15	------	210	239	246	[illegible]
Syphilis	1,723	1,411	1,640	1,893	22,005	24,421	26,833	[illegible]

It's Seven—Not Five

When you are adding up the Californians who hold American Public Health Association posts, don't overlook two members of this department who were elected to the Governing Council at the 1946 convention in Cleveland. (We did in making out the list for the January 15th issue of *California's Health.)* The two are Dr. Robert Dyar, Chief of the Division of Preventive Medical Services and Dr. George Palmer, Consultant in Public Health Administration. Now that should make seven Californians on the A.P.H.A. high councils.

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